

5/20/96

PM 10

121-64

Pg 1/2

Please read instructions on reverse before completing form. Form Approved. OMB No. 2070-0060. Approval expires 05-31-98



United States Environmental Protection Agency Washington, DC 20460

<input type="checkbox"/>	Registration
<input type="checkbox"/>	Amendment
<input checked="" type="checkbox"/>	Other

OPP Identifier Number 247672

Application for Pesticide - Section I

1. Company/Product Number 121-64	2. EPA Product Manager R. Keigwin	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Cutter Insect Repellent #CS327	PM# 10	
5. Name and Address of Applicant (Include ZIP Code) Spectrum, Div. of United Industries Corp. P.O. Box 15842 St. Louis, MO 63114-0842 <input type="checkbox"/> Check if this is a new address	6. Expedited Review. In accordance with FIFRA Section 3(c)(3) (b)(i), my product is similar or identical in composition and labeling to: EPA Reg. No. _____ Product Name _____	

Section - II

<input type="checkbox"/> Amendment - Explain below.	<input type="checkbox"/> Final printed labels in response to Agency letter dated _____
<input type="checkbox"/> Resubmission in response to Agency letter dated _____	<input type="checkbox"/> "Me Too" Application.
<input checked="" type="checkbox"/> Notification - Explain below.	<input type="checkbox"/> Other - Explain below.

NOTIFICATION JUN 4 1996

Explanation: Use additional page(s) if necessary. (For section I and Section II.) Notification: Add an "OPTION 2" paragraph Add "STOP (Optional) before the statement "READ ALL DIRECTIONS BEFORE USING THIS PRODUCT."

Section - III

1. Material This Product Will Be Packaged In:				2. Type of Container	
Child-Resistant Packaging <input type="checkbox"/> Yes* <input type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No	Water Soluble Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Metal	<input type="checkbox"/> Plastic
				<input type="checkbox"/> Glass	<input type="checkbox"/> Paper
* Certification must be submitted	If "Yes" Unit Packaging wgt. No. per container	If "Yes" Package wgt. No. per container		<input type="checkbox"/> Other (Specify) _____	
3. Location of Net Contents Information <input type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container	5. Location of Label Directions <input type="checkbox"/> On Label <input type="checkbox"/> On Labeling accompanying product		
6. Manner in Which Label is Affixed to Product <input type="checkbox"/> Lithograph <input type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled			<input type="checkbox"/> Other _____		

Section - IV

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)		
Name Kelly Loft	Title Regulatory Affairs Specialist	Telephone No. (Include Area Code) 800-242-1166
Certification I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.		6. Date Application Received Stamp MAY 20 1996 8 59 READ EPA/OPP/DPD1
2. Signature <i>Kelly Loft</i>	3. Title Regulatory Affairs Specialist	
4. Typed Name Kelly Loft	5. Date May 14, 1996	